Just For Kicks 20___

Mini-Fall, Fall, Winter, Spring

Team Name: _____ Boy Girls U7 U8 U9 U10 U11 U12 U13 U14 U16 U18 U19

Adult- Men, Women, Open, Coed, 30+, 40+ (Please Circle)

WAIVER/RELEASE

I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the below listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, of the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants not to sue and/or otherwise indemnify Just For Kicks, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releases' from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Program. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and also agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referenced to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releases because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releases. I have read the above waiver/release and understand the (I) we have given up substantial rights by signing this release and sign below voluntarily.

Jersey#	Player's Name	Address/City/Zip	Telephone	Date of Birth	Players (18 or over) Parent/Guardian Signature	Date

Coach 1 (Name)_____ Coach 2 (Name)_____ Coach 3 (Name)_____

(Phone)_____ (Phone)_____ (Phone)_____

(Signature)_____ (Signature)_____ (Signature)_____